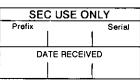
FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

32261	2 <i>f</i>	
_	OMB APP	PROVAL
ION	OMB Number:	3235-0076
	Expires: Ap	ril 30,2008
	Estimated aver	age burden
	hours per respo	nse16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Montana Ranch Brand, Inc. Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE COMPECTIVED
A. BASIC IDENTIFICATION DATA	The state of the s
1. Enter the information requested about the issuer	6/
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Montana Ranch Bland, Inc.	The state of the s
Address of Executive Offices (Number and Street, City, State, Zip Code) 1224 U.S. Hwy. 87 East, Suite 4, Billings, MT 59101	Telephone Number (Including Area Code) (406) 294-2333
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Natural Branded Meat Company	PHOCESSED © DEC 1 3 2006
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	olease specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 12 0 4 Actual Estim Estim Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated : MIT

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

							A. BASIC ID	ENTI	FICATION DATA				
2.	Ent	er the infor	mation r	equest	ed for the fo	ollowir	ıg:			•	•		
	•	Each pro	moter of	the iss	suer, if the is	ssuer h	ias been organized v	vithin	the past five years;				
	•	Each ben	eficial ov	vner ha	aving the pov	wer to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more	of a cla	ss of equity securities of the issue
	•	Each exe	cutive of	ficer a	nd director	of corp	oorate issuers and of	corpo	rate general and ma	naging	, partners o	f partn	ership issuers; and
	•	Each gen	eral and	manag	ing partner	of part	nership issuers.						
Che	eck B	ox(es) that	Apply:	X	Promoter	X	Beneficial Owner	Z	Executive Officer	X	Director		General and/or Managing Partner
		ne (Last nai n, Ralph	me first,	if indi	vidual)				-		, , 		
Bus P.C	siness). Bo	or Residen x 2036, B	ice Addre	ess (VIT 5	Number and 9103-2036	Stree	t. Citv. State. Zip Co	ode)					
Che	eck B	ox(es) that	Apply:	X	Promoter		Beneficial Owner	X	Executive Officer	Ŕ	Director		General and/or Managing Partner
		ne (Last nar ns, Ronal		if indi	vidual)		<u> </u>						. · ·
					Number and 103-2036	Street	t, City, State, Zip Co	ode)					
Che	eck Bo	ox(es) that	Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	l Nam ssi, E	ie (Last nar Zio	ne first.	if indi	vidual)			-					
					Number and 103-2036	Street	t, City, State, Zip Co	ode)					
Che	ck Bo	ox(es) that	Apply:		Promoter	Ø	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
		e (Last nan emaeker, l			vidual)							-	
		or Residen x 2036, Bi			Number and 9103-2036		, City, State, Zip Co	ode)					
Che	ck Bo	ox(es) that	Apply:		Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
		e (Last nan h, John	ne first. i	if indiv	vidual)								
		or Residen 2036, Bl			Number and 9103-2036	Street	, City, State, Zip Co	ode)				_	,
Che	ck Bo	ox(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer	粒	Director		General and/or Managing Partner
		e (Last nan John	ne first, i	if indiv	vidual)								
Bus P.O	iness . Box	or Residen C 2036, Bi	cc Addre Ilings, N	ss (1 //T 59	Number and 9103-2036	Street	. Citv. State. Zip Co	de)					
Che	ck Bo	ex(es) that	Apply:		Promoter		Beneficial Owner		Executive Officer	凶	Director		General and/or Managing Partner
_	Namo	c (Last nam lark	ne first, i	findiv	vidual)								

Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 2036, Billings, MT 59103-2036

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В. 1	NFORMAT	ION ABOU	JT OFFER	ING				
1. Has	the issuer so	ld, or does t			ell, to non-a				_		Yes	No No
2. Wha	it is the minir	num investi								***************************************	50, \$	000
											Yes	No
	s the offering or the informa										X	
com lf a p or st	mission or sin person to be li ates, list the n oker or deale	nilar remune sted is an as ame of the l	eration for a sociated pe proker or d	solicitatior erson or ag ealer. If m	of purchas ent of a bro ore than fiv	ers in conn ker or deale e (5) perso	ection with er registere ns to be lis	n sales of se ed with the S ted are asso	curities in t SEC and/or	he offering. with a state	:	
Full Nam N/A	ie (Last name	first. if ind	lividual)									
Business	or Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)			<u> </u>			
Name of	Associated B	roker or De	aler	_ ·		***			-			
States in	Which Perso	n Listed Ha	s Solicited	or Intende	s to Solicit	Purchasers					 -	
	ck "All State							*************			☐ Al	I States
AL IL MT	IN NE	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	Address ()	Number an	d Street C	'ity State	Zin Code)	<u></u>					
Name of a	Associated B	roker or De	aler									
	Which Person											
(Che	ck "All State	s" or check	individual	States)	•••••••		*****************		***************************************	***************************************	☐ Al	l States
AL.	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name	e (Last name	first. if indi	ividual)									
Rusiness	or Residence	Address (N	Jumber an	d Street C	ity State '	7in Cada)						
		. / (d) (33 (1		u Birect, C	, State, 2	zip code)						
Name of A	Associated Br	roker or Dea	aler									
States in \	Which Persor	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
(Chec	ck "All States	s" or check	individual	States)	••••••			•••••	•••••••••••••••••••••••••••••••••••••••		☐ All	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		
	Equity	\$_1,300,000	\$_720,000
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify,	\$ <u></u> _	\$
	Total	\$	\$_720,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases § 720,000
	Accredited Investors		\$ 720,000
	Non-accredited Investors	U	\$
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	••	V/A	© Solu
	·	N/A	\$
		N/A	\$
	Total		\$_0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		.
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	\$
	Legal Fees		\$_15,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$
	Other Expenses (identify)		\$
	Total		\$ 15,000

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	s	1,285,000 \$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	i	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	_	\$ <u></u>
	Purchase of real estate	\$	 \$
	Purchase, rental or leasing and installation of machinery and equipment	□\$	□\$
	Construction or leasing of plant buildings and facilities		□ \$_ □ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□\$
	Repayment of indebtedness		\$ 80,000
	Working capital		\$ 790,000
	Other (specify): Marketing Legal - Litigation		\$ 130,000 \$ 80,000
	Miscellaneous		5,000 \$
	Column Totals		\$_1,135,000
	Total Payments Listed (column totals added)	☐ \$ <u>1,2</u>	85,000
	D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to the understatute constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of 1	ssion, upon writter	e 505, the following n request of its staff
ssu	MUNTUNC RANCH Broad INC	Date	
Van	ne of Signer (Print or Type) Title of Signer (Print or Type)		
	KALPH R Peterson President / COO		

- ATTENTION ----

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
The issu	per has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
	Print or Type) Which Browd INC Bignature Date
Name (ALPH R Peterson President/COO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Amount Amount Yes No ALΑK AZAR equity-1,300,000 CA CO CTDE DC 240,000 equity-1,300,000 FL GA НІ ID equity-1,300,000 IL IN IA KS KY LA ME MD MA ΜI MN MS

APPENDIX 2 3 4 5 l Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach explanation of to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors Investors Amount Yes No No Amount MO equity-1,300,000 MT NE NVNH \$240,000 equity-1,300,000 NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT VA\$240,000 equity-1,300,000 WA WVWI

			 	APP	ENDIX					
1		2	3		5 Disqualification					
	to non-a	I to sell accredited as in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and irchased in State : C-Item 2)		(if yes, explan waiver	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										